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APPLICANTS

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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

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Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after allowance Verified and Acknowledged	 Examiner's Signature	 Initials	STATE OR COUNTRY UNITED KINGDOM	SHEETS DRAWING 5	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 1
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TITLE

Patient table

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